GED Transcript Request Form

Dedicated FAX number for this form: 801-538-7868

UTAH STATE OFFICE OF EDUCATION ATTN: Aleta - GED TESTING 250 EAST 500 SOUTH P.O. BOX 144200

Please use BLACK INK PEN (NOT pencil)			SALT LAKE CITY UT 84114-4200	
EXAMINEE'S NAME: Print full name at time of testing			Please print full	, CURRENT name below
Social	Security Number (Complete, not pa	artial)		Date of Birth (Complete)/////
Current	Address:			
City:	S	tate:	Zip Code:	Phone # 's
Date of	Testing:// mm dd yyyy	Place of Te	sting: (Testing site	name or at least the city)
Orderii	ng Information			
Please a	allow 7-10 days for processing.	(There is no charge	e for this service.)	
	Examinee request. An official copy of the GED Test scores are to be mailed to the address listed above. (Transcript, Certificate (if earned), as well as electronic transcript will be issued.)			
	I would like to have my transcript sent to jurisdictional agency responsible for administering the GED Program in: (Name and full address and/or FAX #)			
I am a resident/inmate in a correctional facility. Please send my GED results to the Education Depart				esults to the Education Department at this facility.
	Directorin this prison.			
			NAME	
F	Please sign on the signat	ure line belov	V. Transcripts v	will not be issued without a signature.
			-	ds to me (address above) and/or to the
	(es) listed below.			
Signatu Please _l	re of Examinee: print other address(es) to wh	ich transcript(s)	is/are to be mai	led: (Transcript may be faxed. Please
provide recipient name, phone number and FAX #.) (1)(2)				

PLEASE INCLUDE A PHOTOCOPY (copied on "photo setting") OF A GOVERNMENT-ISSUED PHOTO I.D. ENLARGED TO 3 x 4 INCHES with this application showing <u>signature</u> and <u>date of birth</u>.